

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90024 010 \*\*\*150.00

**DOCUMENT # F98000000929**

1. Entity Name

MELLON CONSULTANTS, INC.



Principal Place of Business

ONE PENNSYLVANIA PLAZA  
NEW YORK NY 10121

Mailing Address

ONE MELLON CENTER  
ROOM 772  
PITTSBURGH PA 15258-0001

J4U13341



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

13-3954297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD ☒ Delete  
NAME LOCICERO, JOSEPH A  
STREET ADDRESS 1 PENNSYLVANIA PLAZA  
CITY-ST-ZIP NEW YORK NY 10119-4798

TITLE T ☐ Delete  
NAME STEPHEN, GARY  
STREET ADDRESS 500 PLAZA DR  
CITY-ST-ZIP SECAUCUS NJ 07096

TITLE ATD ☐ Delete  
NAME KENNEDY, JOHN H  
STREET ADDRESS 500 PLAZA DR  
CITY-ST-ZIP SECAUCUS NJ 07096

TITLE D ☒ Delete  
NAME MERRIL, SUE D  
STREET ADDRESS ONE PENNSYLVANIA PLAZA  
CITY-ST-ZIP NEW YORK NY 10119-4798

TITLE S ☐ Delete  
NAME FESSLER, THOMAS  
STREET ADDRESS ONE PENNSYLVANIA PLAZA  
CITY-ST-ZIP NEW YORK NY 10119-4798

TITLE D ☒ Delete  
NAME WIBER, GARY J  
STREET ADDRESS 1010 BLACK ROCK ROAD  
CITY-ST-ZIP GLADWYNE PA 19035

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO + President ☐ Change ☒ Addition  
NAME James D. Aramanda  
STREET ADDRESS 105 Challenger Road  
CITY-ST-ZIP Ridgefield Park, NJ 07660

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Secaucus, NJ 07094-3619

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Secaucus, NJ 07094-3619

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Assistant Treasurer ☐ Change ☒ Addition  
NAME Joanne S. Huber  
STREET ADDRESS One Mellon Center, Room 772  
CITY-ST-ZIP Pittsburgh, PA 15258-0001

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joanne S. Huber*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joanne S. Huber* Asst. Treasurer 2/3/04

Date

Daytime Phone # 412-2241-